



MISSOURI DEPARTMENT OF HEALTH
DIVISION OF MATERNAL, CHILD AND FAMILY HEALTH
RISK ASSESSMENT FOR SUBSTANCE USE

TOBACCO	OTHER DRUGS
<p>1. Have you ever smoked cigarettes? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO (Go to question 5)</p> <p>2. How old were you when you started smoking? _____ years</p> <p>3. In the month before finding out you were pregnant, on the average, how many cigarettes per day did you smoke? _____ number of cigarettes a day (24 hrs.)</p> <p>4. In the last week how many cigarettes, per day have you smoked. (average) _____ number of cigarettes a day (24 hrs.)</p>	<p>11. Marijuana YES NO</p> <p>1) Have you ever used 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug</p> <p>2) Used in the past 12 months 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>3) Used since you became pregnant 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Cocaine?</p> <p>1) Have you ever used 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug</p> <p>2) Used in the past 12 months 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>3) Used since you became pregnant 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Amphetamines?</p> <p>1) Have you ever used 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug</p> <p>2) Used in the past 12 months 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>3) Used since you became pregnant 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Hallucinogens?</p> <p>1) Have you ever used 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug</p> <p>2) Used in the past 12 months 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>3) Used since you became pregnant 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Sedatives?</p> <p>1) Have you ever used 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug</p> <p>2) Used in the past 12 months 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>3) Used since you became pregnant 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>Narcotics?</p> <p>1) Have you ever used 1. <input type="checkbox"/> 2. <input type="checkbox"/> If no, go to next drug</p> <p>2) Used in the past 12 months 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>3) Used since you became pregnant 1. <input type="checkbox"/> 2. <input type="checkbox"/></p> <p>If no drug use ever - END</p> <p>12. Have you ever felt you should cut down on your drugs? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>13. Have people annoyed you by criticizing your using drugs? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>14. Have you felt badly or guilty about your using drugs? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>15. Have you ever used drugs first thing in the morning to steady your nerves or get rid of a hangover? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p>
<p>ALCOHOL</p> <p>5. In the month before finding out you were pregnant, how many drinks of alcohol did you typically have per week? 1. <input type="checkbox"/> None 2. _____ number of drinks per week (1 drink - liquor = 1 oz. 1 beer = 12 oz. 1 glass of wine = 5 oz.)</p> <p>6. In the last week, how many drinks of alcohol have you had? 1. <input type="checkbox"/> None (Go to question 11) 2. _____ number of drinks per week</p> <p>7. Have you ever felt you should cut down on your drinking? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>8. Have people annoyed you by criticizing your drinking? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>9. Have you felt badly or guilty about your drinking? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p> <p>10. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p>	
CLIENT NAME	PROVIDER NAME DATE

INSTRUCTIONS FOR USE

There is no standard method of inquiring about alcohol or drug abuse, during the initial work-up. Many health care providers find it most comfortable and natural to introduce this line of questioning after inquiring about matters of general health and dietary habits. In this way, it is easy to progress from over-the-counter and prescribed medications to tobacco, alcohol and finally, the illicit substances. Alternatively, the subject can be introduced during the family history; by inquiring about the substance use/abuse of immediate family members and progressing to the habits of the individual. The assessment is designed to move quickly but efficiently; by highlighting any “red flags” which identify women at risk for substance use and who therefore, require further evaluation.

Although, this form is not a required component of the permanent medical record, it may be retained in the client’s chart to document the assessment and it’s results, as well as the date, location and name of the provider.

CRITERIA FOR REFERRAL

A definite referral should be offered to all women who:

- 1) respond affirmatively to two or more of questions 7 through 10 or questions 12 through 15, **OR**
- 2) respond affirmatively to recent use or continued use despite awareness of their pregnancy status.

If referral is refused, she should be reassessed at **each** subsequent visit and again, offered referral based on her status.

Periodic reassessment should be offered to those women who:

- 1) have a history of prior heavy use of alcohol or other drugs, but deny current use or use since their pregnancy status was known to them, **OR**
- 2) Have significant psycho-social risk factors; such as a positive family history for substance abuse, physical or sexual abuse, lack of academic success, lack of peer or social support systems, lack of economic independence, friends who use drugs, co-dependency, depression, history of prostitution or multiple STD’s etc.

Regular monitoring may provide the pregnancy client with sufficient motivation to persevere in their attempts to discontinue use, if the benefits of abstinence are stressed and any positive results are reinforced.

ALTERNATIVE TERMINOLOGY FOR ILLICIT SUBSTANCES

For those drugs listed under question number 11, it may be more appropriate to utilize the “street names” or slang terminology which is most prevalent in your area. For your convenience, several alternatives are suggested below:

- 1) Marijuana - grass, weed, joint, reefer, kif, herd, hashish, hash oil.
- 2) Cocaine - coke, crack, base, blow, toot, rock, snow, uptown.
- 3) Amphetamines - meth, crank, uppers, speed, crystal, ice, dex, black beauties, bennies, copilots, beans.
- 4) Hallucinogens - LDS, acid, love drug, cactus, buttons, peyote, magic mushrooms.
- 5) Sedatives (tranq., diazepines, barb.) - blues, downers, yellow jackets, rainbows, ludes, reds.
- 6) Narcotics (codeine, demerol, percodan, heroin, methadone) - schoolboy, smack, junk, downtown.
- 7) PCP - angel dust, zombie, supercools, green.
- 8) Inhalants (amyl nitrite, toluene) - huffing tuleo, glue, kick, poppers, snappers, rush.



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ACKNOWLEDGEMENT OF COUNSELING

My health care provider has discussed with me the effects of:

- ALCOHOL (BEER, WINE, WINE COOLERS, LIQUOR)
- TOBACCO (INCLUDING SECOND HAND SMOKE)
- PRESCRIPTION DRUGS (WITHOUT DOCTOR ADVICE)
- OVER THE COUNTER MEDICATION (WITHOUT DOCTOR OR PHARMACIST ADVICE)
- OTHER DRUGS (STREET) SUCH AS: CRACK/COCAINE, MARIJUANA, BARBITURATES, AMPHETAMINES, ETC.

on my own health and the health of my unborn child.

LITERATURE GIVEN:

- DOH PAMPHLET TOBACCO OTHER DRUGS
- ALCOHOL COCAINE

I understand this information, and have been given the opportunity to ask questions concerning substance abuse in pregnancy.

I have been given a toll-free number to call if I should need information or assistance with the problem of substance abuse during my pregnancy.

CLIENT SIGNATURE	DATE
PROVIDER SIGNATURE	DATE



MISSOURI DEPARTMENT OF HEALTH
 DIVISION OF MATERNAL, CHILD AND FAMILY HEALTH
INFORMED CONSENT FOR SERVICE COORDINATION REFERRAL

I hereby give permission to have my name provided to the Missouri Department of Health for the purpose of receiving additional services which may be helpful to me and my family and which will be coordinated by the Department of Health. I understand my physician/health care provider believes these services are important for my health and the health of my baby. My doctor/nurse practitioner/clinic will continue to provide medical care for me during my pregnancy.

I understand the Department of Health will not share any information about me without my consent, nor can any such information be used for criminal prosecution.

I understand that I may refuse these services at any time.

I have read the above material, and have been given an opportunity to ask any questions I may have regarding the service coordination referral process.

CLIENT SIGNATURE ▶		DATE
WITNESS SIGNATURE ▶		DATE
DATE REFERRAL MADE	PERSON CONTACTED	DATE CCI SENT TO DOH

I have read the above material, and have been given an opportunity to ask any questions I may have regarding the service coordination referral process.

I am not interested in a referral to the Department of Health at this time.

CLIENT SIGNATURE ▶		DATE
WITNESS SIGNATURE ▶		DATE

MAY USE REVERSE SIDE TO DOCUMENT OFFER OF REFERRAL AND CLIENT RESPONSE

